



Town of Holbrook
Board of Health
50 North Franklin Street
Holbrook, Massachusetts 02343

Tel: 781-767-3030
Fax: 781-767-9562

Well Renewal Permit Application

Fee: \$25 -Make Checks payable to the Town of Holbrook

Date _____

Expires 6-31-2022

Name of Property/ Business Owner _____

Address where well is located _____

Telephone Number _____

Updated Mailing Address _____

Is there a MA Title V (septic, cesspool, or other private system) on the property or within 200 ft?

Please circle which applies--- Serviced by town sewer, Septic System, Cesspool,
Other (please list) _____

Please circle what the well water is used for—Drinking/Cooking, Gardening, Both,
Other (please list) _____

If known, when was the well dug? _____

If known, name & number of contractor _____

Best contact information _____

Has the well been previously registered with DPW? Y/N When? _____

Has the well been previously registered with the BoH? Y/N When? _____

Last time your well was tested? _____

Name of lab who tested well _____

Pursuant to MGL Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

If you have any questions, please contact the Board of Health at 781-767-3030 **By signing below, I understand to the above, agree and to the best of my ability comply with the terms,
